

108TH CONGRESS
2D SESSION

S. 2749

To establish a grant program to provide comprehensive eye examinations to children, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 22, 2004

Mr. SARBANES introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a grant program to provide comprehensive eye examinations to children, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Children’s Access to
5 Vision Act of 2004”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Good vision is essential for proper physical
9 development and educational progress in growing
10 children.

1 (2) Many serious ocular conditions are treatable
 2 if identified in the preschool and early school-aged
 3 years.

4 (3) Early detection of ocular conditions provides
 5 the best opportunity for effective, inexpensive treat-
 6 ment and can have far reaching implications for vi-
 7 sion.

8 (4) Vision screening programs will identify chil-
 9 dren needing comprehensive eye examinations, and
 10 these children should have access to these eye exami-
 11 nations, as well as to subsequent treatment or serv-
 12 ices necessary to correct vision problems.

13 **SEC. 3. GRANTS REGARDING COMPREHENSIVE EYE EXAMI-**
 14 **NATIONS FOR CHILDREN.**

15 (a) IN GENERAL.—The Secretary of Health and
 16 Human Services (referred to in this section as the “Sec-
 17 retary”), acting through the Director of the Centers for
 18 Disease Control and Prevention, may make grants to
 19 States on the basis of an established review process for
 20 the purpose of—

21 (1) providing comprehensive eye examinations
 22 for children who have been identified by a licensed
 23 health care provider or certified vision screener as
 24 needing such services, with priority given to children
 25 who are under the age of 9;

1 (2) providing subsequent treatment or services
2 necessary to correct vision problems; and

3 (3) developing and disseminating, to parents,
4 teachers, and health care practitioners, educational
5 materials on recognizing signs of visual impairment
6 in children.

7 (b) CRITERIA AND COORDINATION.—

8 (1) CRITERIA.—The Secretary, in consultation
9 with appropriate professional and consumer organi-
10 zations including individuals with knowledge of age
11 appropriate vision services, shall develop criteria—

12 (A) governing the operation of the grant
13 program; and

14 (B) for the collection of data related to vi-
15 sion assessment and the utilization of followup
16 services.

17 (2) COORDINATION.—The Secretary shall, as
18 appropriate, coordinate the program under sub-
19 section (a) with the program under section 330 of
20 the Public Health Service Act ((42 U.S.C. 254b) re-
21 lating to health centers), the program under title
22 XIX of the Social Security Act ((42 U.S.C. 1396 et
23 seq.) relating to the Medicaid program), the pro-
24 gram under title XXI of such Act ((42 U.S.C.
25 1397aa et seq.) relating to the State children's

1 health insurance program), and with other Federal
2 or State program that provide services to children.

3 (c) APPLICATION.—A grant may be made under sub-
4 section (a) only if an application for the grant is submitted
5 to the Secretary and the application is in such form, is
6 made in such manner, and contains such information as
7 the Secretary may require, including—

8 (1) information on existing Federal, Federal-
9 State, or State-funded children’s vision screening
10 programs;

11 (2) a plan for the use of grant funds, including
12 how funds will be used to complement existing State
13 efforts;

14 (3) a plan to determine if a grant eligible child
15 has received an age appropriate vision screening;
16 and

17 (4) a description of how funds will be used to
18 provide items or services only as a secondary payer
19 to—

20 (A) any State compensation program,
21 under an insurance policy, or under any Fed-
22 eral or State health benefits program; or

23 (B) by any entity that provides health
24 services on a prepaid basis.

1 (d) EVALUATIONS.—A grant may be made under
2 subsection (a) only if the State involved agrees that, not
3 later than 1 year after the date on which amounts under
4 the grant are first received by the State, and annually
5 thereafter while receiving amounts under the grant, the
6 State will submit to the Secretary an evaluation of the
7 operations and activities carried out under the grant, in-
8 cluding—

9 (1) an assessment of the utilization of vision
10 services and the status of children receiving these
11 services as a result of the activities carried out
12 under the grant;

13 (2) the collection, analysis, and reporting of
14 children’s vision data according to guidelines pre-
15 scribed by the Secretary; and

16 (3) such other information as the Secretary
17 may require.

18 (e) LIMITATION ON GRANT EXPENDITURES.—A
19 grant may be made under subsection (a) only if the State
20 involved agrees that the State will not expend more than
21 20 percent of the grant to carry out the purpose described
22 in paragraph (3) of such subsection.

23 (f) DEFINITIONS.—For purposes of this section:

24 (1) The term “comprehensive eye examination”
25 includes an assessment of a patient’s history, gen-

1 eral medical observation, external and
2 ophthalmoscopic examination, visual acuity, ocular
3 alignment and motility, refraction, and as appro-
4 priate, binocular vision or gross visual fields, per-
5 formed by an optometrist or an ophthalmologist.

6 (2) The term “subsequent treatment or services
7 necessary to correct vision problems” does not in-
8 clude vision training or vision therapy services.

9 (g) AUTHORIZATION OF APPROPRIATIONS.—For the
10 purpose of carrying out this section, there are authorized
11 to be appropriated \$75,000,000 for fiscal year 2004, and
12 such sums as may be necessary for each of fiscal years
13 2005 through 2007.

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